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GROUP OF DELEGATES ATTENDING ANNUAL CONVENTION AT PORT ARTHUR AND FORT WILLIAM, ONT.,
JULY 5th to 11th, 1920

THE

CANADIAN NURSE

A Monthly Journal for the Nursing Profession in Canada

Editor and Business Manager.....MISS HELEN RANDAL, R.N.

VOL. XVI. VANCOUVER, B.C., AUGUST, 1920 No. 8

OFFICERS OF THE CANADIAN NATIONAL ASSOCIATION OF TRAINED NURSES, 1920-1921

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Report of the Thirteenth Annual Convention of the Canadian Association of Nursing Education

Held in Port Arthur, Ont., July 5th and 6th, 1920

By E. MACP. DICKSON, Retiring Secretary

The opening meeting of the thirteenth annual convention of the Canadian Association of Nurse Education was held in the Port Arthur Collegiate Institute July 5th, 1920.

On motion of Miss Randal, seconded by Miss Hersey, the minutes of the last convention were considered as read.

An able address was then made by the president, Miss Flaws.

The secretary then read the year's report, which was laid on the table for further consideration.

The treasurer's report was made by Miss Hersey, showing a balance of $217.68.

The report of the nominating committee, sent by the convener, Miss J. McKenzie, was read.

The excellent reports of the programme and arrangements committee, as set forth in the printed programmes, were distributed.

The reports of the chapters were received from Nova Scotia only, sent in by Miss Barrington and read by the secretary.

At the request of the president, Miss Gunn spoke briefly for the Toronto Chapter, stating that much benefit had accrued to the local training schools and to the students through the co-ordination of activities of the several schools and uniformity of teaching and of examinations. Miss Gunn also advised that the local chapter was working on a uniform plan for special teaching in regard to venereal diseases, in the hope that the nurses might be the better able to co-operate with the Provincial Association for the Prevention of Venereal Diseases.

Miss Kathleen Russell, Toronto, was then introduced by the president as the newly-appointed director of the department of health nursing recently established in the University of Toronto through the efforts of the Provincial Red Cross and the Provincial Gradute Nurses' Association. Miss Russell read an interesting paper on "Public Health Field Work for the Undergraduate Nurse."

Miss Stanley, of London, as convener of the educational publicity committee, made a very full report. It was decided that discussion on all these papers and reports be deferred till the afternoon session.

Miss Catton, Ottawa, was appointed by the chair to act as convener of a press committee, and to her the association is indebted for the exercising of good judgment and able assistance rendered the reporters in the liberation of news for the press.

A general purpose committee was appointed to deal specially with resolutions; Miss Randal, Vancouver, with Miss Hersey, Montreal, and Mrs. Bowman, Toronto, as committee.

The meeting stood adjourned until 2.30 p.m.

Following a delightful luncheon tendered the delegates by the Port Arthur City Council and the Port Arthur Board of Trade, the afternoon session was opened with the reading of minutes of the previous meeting, which were approved.

Miss Jean Urquhart, of Regina, read an excellent paper on "High School Education and Its Relation to Our Profession." Discussion was led by Miss Fairley, Hamilton, who emphasized the need of sound preliminary education for the student nurse, and told of some practical measures which she had taken to make up deficiencies in education for otherwise desirable prospective students.

Miss Johns, Vancouver, did not submit a paper on "Relation of Training Schools to the Hospital," but gave a brief but interesting talk on the subject, and thereby brought forth some valuable discussion.

"Teaching of Practical Work and the Value of Co-operation of the Ward Supervisor" was dealt with in a paper written by Miss Nagle, Hamilton, which was read by Miss Fairley, and was well received.

Free discussion on previous papers was then indulged in.

On motion of Miss Gunn, seconded by Miss Catton, the question of the establishment of a training school committee was referred to the resolutions committee.

The meeting then adjourned till 8 p.m., when a joint meeting with the Canadian National Association of Trained Nurses was called and held in St. Paul's Church, Port Arthur.

Following the invocation, cordial addresses of welcome were made, as follows: In the absence of His Worship Mayor Matthews, by Acting Mayor Crooks; in the absence of Dr. Gillespie, president Port Arthur Medical Association, by Dr. Robt. Manion, M.P.

Miss Mary Catton, Ottawa, on behalf of both associations, responded to the addresses of welcome.

Mrs. Plumptre, president Ontario Red Cross Association, gave her very interesting talk on the life and work of Florence Nightingale, which made a good introduction to the motion pictures, which followed, depicting the activities of the modern nurse.

On the morning of Tuesday, July 6th, new business was taken up dealing with two resolutions, of which the members had received notice of motion::

1st—Moved by Miss McKenzie, Victoria, and seconded by Miss Randal, Vancouver, "That the C. A. N. E. become a section of the National Association of Trained Nurses."

2nd—Moved by Miss Ellis, Toronto, and seconded by Miss Potts, Toronto, "That the annual fee for membership in the association be raised from three dollars to five dollars."

Both resolutions were lost.

It was moved by Miss Gunn, seconded by Miss Mathieson, that the association encourage the formation of provincial chapters of the association.

Miss Mathieson, Toronto, made a very acceptable chairman for the round-table discussion on "Teaching Methods." Discussion was opened by short papers, presented as follows: "Anatomy," Miss Griffin, Toronto; "Bacteriology," Miss Tassie, Vancouver; "Practical Nursing," Miss Strumm, Montreal; "Ethics," Miss Potts, Toronto.

Some discussion followed, but no resolutions were brought to the general meeting; but it was suggested that Mrs. Bowman, of Toronto, might submit to the members, through the magazine, a list of laboratory equipment which must be considered adequate for teaching facilities in training schools for nurses. Mrs. Bowman very kindly consented to do this.

Miss Gunn, Toronto, then conducted a round-table on "Residence Life of the Pupil Nurses," which dealt principally with student government as obtaining in the Toronto General Hospital. Nothing further need be said in regard to this round-table, as it is expected that the splendid papers submitted will appear in the pages of the magazine in the near future.

The report of the committee of the Toronto Chapter, dealing with the question of making the third year more profitable for the student

nurse, was then called for. The convener, Miss Dickson, Toronto, stated, that for want of time, occasioned by extraordinary demands on the time and energy of the members of the committee, due to Provincial Red Cross and National Service committees and daily work, the committee as a whole had never met. The convener had submitted the question for round-table discussion at the G.N.A.O. convention held in Ottawa, and the report brought in showed that the nurses were of the opinion that there should be in Canada post-graduate courses established, where they might obtain teaching and experience in any branch in which they might elect to specialize; that there should be a course for the teaching of administration in hospital and training school; that the general hospital courses should be more truly general. No action or discussion was had on this brief report.

The meeting adjourned till 2 p.m.

At the luncheon hour the delegates were the guests of the Kiwanis and Rotary clubs, and a delightful hour was spent.

The afternoon session opened with the reading of the minutes of the previous session, which were approved.

Miss Randal was appointed a representative from the association to act on the resolutions committee with the C.N.A.T.N.

The nominating committee was appointed as follows: Convener, Miss Gunn, Toronto, with Miss Martin, Winnipeg; Miss Johnston, Vancouver; Miss Branscombe, St. Stephens, and Miss Jean Brown, Regina.

The result of the elections was as follows: President, Miss Grace Fairley, City Hospital, Hamilton, Ont.; first vice-president, Miss Victoria Winslow, General Hospital, Medicine Hat; second vice-president, Miss E. G. Flaws, Wellesley Hospital, Toronto; third vice-president, Miss E. MacP. Dickson, Toronto Free Hospital, Weston; secretary, Miss Mabel McNiel, Children's Hospital, Winnipeg; treasurer, Miss Florence Potts, Children's Hospital, Toronto; councillors, Misses Pemburton, Russell, Randal, Johns, Ellis, Craig, Dyke, McMillan and Edy.

A letter from Miss Wheeler, U. S. A., asking for information in regard to the nursing situation in Canada, was referred back to the executive, on motion of Miss Gunn.

Miss McNiel, Winnipeg, gave an interesting paper on "How Can the Small Hospital Make Adjustments to Fit In With the Standard Training School Programme."

The general purpose committee brought in a resolution, as follows: "Be it resolved that this association go on record as approving the plan of having a training school committee connected with hospitals." This was carried, and the secretary was instructed to send an explanatory letter, with a copy of the resolution, to each training school superintendent.

The meeting then adjourned, to meet at such time and place as could be arranged with the C.N.A.T.N.

Lectures on The History of Nursing

WITH DESCRIPTIVE LIST OF LANTERN-SLIDES

By Maude E. Seymour Abbott, B.A., M.D.,

Curator of the Medical Museum, McGill University

(Continued from Last Month)

LECTURE IV.

The Military Nursing Orders and Nursing at the Time of the Crusades. Saint Louis de France.

Authorities Consulted: Military and Religious Life in the Middle Ages, Lecroix; The Order of the Hospital of St. John of Jerusalem, Fincham and Edwards; Saint Louis (Louis IX. of France), Frederick Perry; Scottish Women's Hospitals at the French Abbaye de Royaumont, Antonio de Navarro, 1917.

8

The Military Nursing Orders

Remarks: These Orders, which developed out of the nursing done at the time of the Crusades, did a great work of romantic interest from the 10th to the 15th centuries. The most important Order and the one that is still active is:

(a) The Order of St. John of Jerusalem.

The following series (slides 46-61) illustrate the history of the Order of the Knights Hospitallers of St. John of Jerusalem. This Order originated about 1055 A.D., through the action of merchants of Amalfi, who established a hospital in Jerusalem for the care of pilgrims, which was placed, after the taking of Jerusalem by the Crusaders in 1099, under the charge of the "Poor Brethren of the Hospital of St. John," and was later dedicated to St. John the Baptist. Brother Gerard was the first Head of this Community, and it was transformed into a military organization with Raymond du Puy as its first Grand Master, and was constituted an Order of Military Knighthood by the King of Jerusalem and Pope Pascal II., about 1115 A.D. The Knights retreated to Acre before Saladin in 1187, removed to Cyprus in 1291, and in 1310 to Rhodes, which they held against the Turks till 1522. They were then compelled to leave Rhodes for Malta, which they finally wrested from the Turks in 1598, and then capitulated to Napoleon. The Order continues in existence to-day and has done honourable work throughout the Great War under the name of the St. John's Ambulance Brigade. The Order of a Lady of Grace of

the Order of St. John is one of the few military distinctions conferred upon women to-day. (See under slide 62.)

Slide 47—The institution of the Order of St. John of Jerusalem, February 15, 1113. Painting by Decaisne. Shows the Cross of the Order of St. John with its eight points.

Slide 48—Andrew of Hungary being received into the Order of St. John of Jerusalem, 1208 A.D. From a painting by St. Kyre. Note the eight-pointed cross on the left breast, and the pendant.

Slide 49—The fortress of Knights Hospitallers in Syria, taken from the Kurds by the Turks about the year 1125 A.D. and rebuilt in 1202.

Slide 50—The ancient dress of the nuns of the Order of St. John at the Hospital de Beaulieu, before the taking of Rhodes.

Slide 51—A nun of the Order of St. John of Jerusalem of the Monastery of Toulouse, in the costume of the choir.

Slide 52—Alberto Arringhieri, an Italian Knight of St. John, showing (a) the fighting costume with the white cross on a red ground in the upper picture, and (b) the conventual dress of a black robe with an eight-pointed cross on the left breast in the lower picture. From a painting by Pinturiocchio, in Siena Cathedral.

Slide 53—Plan of the Island of Rhodes, showing fortifications and dyke, etc., reduced facsimile.

Slide 54—(a) Philip de Villiers de l'Isle Adam, Grand Master in 1522 during the siege of Rhodes by the Turks and its capitulation. He interviewed Henry VIII. in England, and was entertained at the Clerkenwell Priory, and, after seven years' wandering of the Knights, obtained a grant from Charles V. of the Island of Malta. (b) Jean de la Vallette, Grand Master during the siege of Malta, which was finally taken from the Turks in 1565, and founder of the town of Valletta.

Slide 55—The raising of the siege of Malta, September 8th, 1565, showing Jean de la Vallette in the centre of his hosts giving thanks for the victory.

Slide 56—The great ward of the Hospital of the Knights of St. John in Malta, as it appeared in the 17th century. Note mosquito curtains above beds.

Slide 57—The earliest known picture of the Priory buildings of the Order of St. John at Clerkenwell, England, built about 1130 A.D.

Slide 58—The plan of crypt and round nave of the Priory, Church of St. John's, Clerkenwell, showing parts built in 1130 as fine dots, parts built in 1170 as shaded lines, and restored parts in outline.

Slide 59—Slide showing three round-naved churches in England, characteristic of the churches of the Order built after the plan of the Church of the Holy Sepulchre in Jerusalem: (a) Restored plan of the round-naved Chapel in Ludlow Castle, Salop; (b) round-naved Parish Church at West Thurrock, Essex; (c) Parish Church of the Holy Sepulchre at Cambridge.

Slide 60—Church of St. John's, Little Maplestead, Essex, showing round nave.

Slide 61—The Ophthalmic Hospital at Jerusalem, with the city in the background, before the additional buildings were commenced.

Slide 62—Brooch of the Order of St. John, decoration as awarded to the Knights and Ladies of Justice and of Grace to-day. The four arms represent the Virtues—Prudence, Justice, Temperance, Fortitude; the points, the eight Beatitudes which spring from these Virtues; its whiteness is the emblem of purity of life required in those who fight for the defence of the Christian faith, and live for the service of the poor and suffering. The Order of Grace of a Lady of St. John, with this decoration, was awarded

during the present War to Canadian women for distinguished volunteer services. Among these are to be especially mentioned Lady Drummond, Organizer and Executive Head of the Canadian Red Cross Information Bureau and Assistant Commissioner in London of the Canadian Red Cross Society, and Miss Helen Y. Reid, B.A., Secretary and Organizer of the Canadian Patriotic Fund, both of Montreal.

(b) The Order of St. Lazarus of Jerusalem.

Remarks: Another famous Military Order whose members were devoted to the care of lepers.

Slide 63— Knight of the Order of Saint Lazarus in the 15th century. Note the plain cross with equal ends, and flaring ends of the mantle, the distinctive mark of the Order.

9

St. Louis de France and the Abbaye de Royaumont

Remarks: Louis IX., who reigned over France from the year 1226 through the Regency of his mother, Blanche of Castille, and from the year 1231, when he attained his majority, until his death in 1270, is one of the noblest and most love-inspiring figures in all history. Bearing within himself the flame of real spiritual genius, and trained by his mother to a high ideal of religious duty, he was also educated by her in all kingly pursuits, and was hero as well as saint. In his earlier life he occupied himself much with the care of the sick poor, and with his mother founded, in 1228 A.D., the famous Abbey of Royaumont, one of the most beautiful and costly of mediaeval institutions. Over eleven million francs are said to have been expended in its erection, and this went chiefly in materials, for the cost of the monkish labor expended upon it was incredibly small, St. Louis himself, with his royal brothers, taking part in the actual work on the building, as was the religious custom of the time. The Abbaye was completed in 1234, the year of Louis' marriage to the beautiful Marguerite de Provence, and its church and monastery were consecrated in this year with almost unimaginable pomp and splendour.

"A special feature of the monastery was its large infirmary, destined not only for the suffering members of the community, but for those of the surrounding districts. Although the sick and the poor of the French Capital attracted the King's constant sympathy and generosity, it is at Royaumont that we make acquaintance with the innumerable acts of delicate ministration which reveal the tenderness and humility of St. Louis' heart. "On the morrow"—always "on the morrow"—of any great civil or war enterprise he was always at Royaumont. Once across the courtyard of the Abbey, his first object was to visit the Infirmary, to gather about him there the physicians, and to extract from them a minute report on the condition of each of the sufferers. With his own hand he felt their pulse, wiped away the distress of suffering faces, by his engaging gentleness and kingly presence recaptured the courage of faltering hearts." Historians tell us there were "strange sufferers who lived in the

hospital of that Abbey," among them a leper, Frère Legier by name, who became as the adopted child of the King. His first action on each visit to the Abbey was to repair with the Abbott to the isolated apartment when the King, standing before the disfigured face of Frere Legier, would question him in tenderest voice about his condition, and with his own hands cut his food and feed him with the most delicate viands produced to tempt a dying appetite. The meal ended, soothing words would flow at generous length from the lips of the King. For that day at least physical pain was moderated by the remembrance of the loving devotion of an infirmarian who was the King of France. Louis' devotion to the Abbey, and his almost daily ministrations and devotion there, are said not to have interfered with, but instead to have promoted his prompt discharge of his many obligations to the State. It is more than probable that the years spent in planning his first Crusade had a direct relation with the hours he passed in the quietude of the cloisters at Royaumont in that troubled time." (Abridged from The Scottish Women's Hospitals, by Antonio de Navarro.)

The tragic vicissitudes of the two Crusades which he led, the heroism and extraordinary self-abnegation he showed in them, and his death in Africa towards the close of his second, which was the last of the Crusades, are matters of history. So great was the love and respect in which he was held that his memory proved to be a legacy of perfection to the entire Western world. Tablets commemorating the various acts of his life were placed after his death upon the walls of Royaumont, and in the year 1297 he was canonized as a saint by order of a papal bull, and the 25th of August, when he died, was fixed in perpetuity as his feast day in the Roman Church.

The Abbaye de Royaumont retained its importance and influence for a hundred years after Saint Louis' death, and then gradually declined. During the French Revolution its Church and a part of its Monastery were destroyed by the ruthless vandalism of the revolutionaries, but its Infirmary, and other parts, remained. The buildings are of great interest to us to-day because of their recent occupancy by the Scottish Women's Hospitals under the British Expeditionary Forces in France. The Abbey was the seat throughout the Great War of one of their most successful hospitals. (See Lecture X.)

Slide 64—Saint Louis of France. From a painting by Giotto at Florence.

Slide 65—(a) St. Louis submitting to scourging; (b) St. Louis feeding a leper.

Slide 66—Map of France in 1250.

Slide 67—Louis de France on the last Crusade receiving envoys from the old men of the mountain. Note the cross and fleur de lys won by the French.

Slide 68—Plan of the Abbaye de Royaumont as it was up to the time of its partial destruction by the French Revolution in 1789.

(See also, under Lecture X., Blanche de Castille Ward, Cloister, etc., in the Abbaye de Royaumont as occupied by the Scottish Women's Hospitals in the War 1914-1918.)

(To Be Continued)

Public Health Field Work for the Undergraduate Nurse

By Kathleen Russell

Read at the C.A.N.E. Convention, Port Arthur, July, 1920

The field work for pupil nurses, which I am about to describe, has been carried on during the past two years by the Toronto Department of Public Health; but those most interested have considered the methods of those two years as merely a necessary stepping-stone to something better. Much as we enjoy our present bit of work for the pupils, we do not hope or wish to continue it on the present basis. As the Nursing Division of the Municipal Department of Public Health, we have a keen interest in the education of nurses for public health work; but we have not on our staff nurses appointed to develop educational work, theory and practice. That is not our logical function; and yet we have had to do it, temporarily, if the pupil nurses were to be taught any of the technique of public health work.

Our hopes for the coming year's work are colored by the fact that a new department of public health nursing is being created at the University of Toronto. We hope that, in time, all plans for public health nurse training will become the responsibility of that department, not only for graduate nurses, but also for pupils. If that hope materializes, this Municipal Health Department stands ready and eager to assist by giving field work for these various groups of students, but expects to drop the responsibility for planning such courses.

But now it is the work of the past year that I am to describe to you. The plan in operation was the outcome of an agreement between the director of public health nurses and a committee of the superintendents of the Toronto training schools for nurses. The health department offered to accept groups of fourteen pupil nurses, each group to spend two months in training, and at the end of that time to be replaced by another group. Thus, as we carried on this work for ten months (from September until June), seventy pupils in all could have this training in the course of one year. The committee of superintendents decided upon the apportionment of that number from among the various schools. Eight of the schools co-operated to send those pupils. The first class started the beginning of September; the fifth and last class finished the 30th of June. These pupils, who must be seniors, have continued to live in their own hospital residences, but have given their whole working time to the health department from Monday morning until Saturday noon of each week.

On the first day of their term the pupils were apportioned, two to each of our seven district offices. Henceforth throughout the entire two months that office was the nurse's headquarters, and she did all her

practical work under the direction of that district superintendent. The task of directing and co-ordinating the work for the whole group was given to one of the central office supervisors.

We felt that some theoretical work was necessary for those pupils, so decided upon a minimum amount. We arranged for them to meet for class once a week, planning two lecture hours, and one hour for conference, all for the same morning. It would have been wiser to divide that time, meeting twice a week for class; but, unfortunately, the distances which some had to cover, going to and from the outlying district offices, made that too wasteful a method of arranging their work. The group also met one afternoon each week for visits to various social institutions in the city.

Subtracting those two half days of which I have just spoken from the five-and-a-half working days of the week, there were left four-and-a-half days for the pupil to spend each in her own district. It was the duty of the district superintendent to see that that time was used to the advantage of the pupil, not just to get so much more work covered in the district. In a winter of epidemics, with picked pupil nurses who were willing, and capable of being used, it was often hard to maintain that principle. However, on the whole, I believe the rule was well observed.

That time in the district was used to give the pupil a glimpse of each of our various branches of work—school nursing, child welfare, hospital social service, tuberculosis work, etc. At first the pupil would work entirely with one or another of the staff nurses; later she was trusted to work alone, with careful supervision from the staff nurse. Usually a part of the morning at least was spent in the schools, with perhaps a little district work as well. Then came the noon hour in the district office, where all the nurses meet daily for lunch. I think, for the pupil, fresh from the narrowness of her institutional life, that lunch hour was of as much educational value as any other part of her day. After lunch a short time was spent at records, and any business that could be transacted from the office. When possible, the pupil did her own reporting and recording. Also she was given definite time in the district office for assigned reading. Generally speaking, the afternoon hours were spent in district visiting, at child welfare clinics, or at hospital clinics. Some slight experience in bedside work was obtained in the district, but not as much as the department thinks should be included in public health training.

I could go into much greater detail about this training that we have been giving, but it would be of little advantage. Any who are already attempting, or who will attempt, such work, realize that it is but one experiment in our effort to meet the pressing demand for broader training for our nurses. Such attempts in their detail must be adapted to local conditions.

I could find arguments both for and against such experiments.

Probably the conclusion we will wrest from any such debate is that the experimental stage must be passed through, but that, as nurses, we cannot afford to linger there unduly. If the community is asking from the nursing profession that they go in and occupy many new fields of work, let us consider them in their entirety and educate our nurses to meet them. But, in closing, may I digress slightly from my subject for one moment. I hope, in our plans for broader education for our *pupil* nurses, that we will take infinite care not to lose the fine art of sick nursing. With the crowding in of so much new teaching—and such very necessary teaching it all is—we must still find time for thorough training for bedside work. As, in some ways, that will ever remain the very finest branch of our profession's work, I hope we will not be guilty even for a time of underestimating its claim. Even public health nurses would not wish to advance public health training for *pupil* nurses at such a cost.

Sir Robert Borden has written to Mr. Rockefeller expressing his appreciation of his gift of $5,000,000 to promote medical education in Canada. The letter reads: "I should like to express to you my deep appreciation of your munificent gift just announced, for the promotion of medical education in Canada. The friendly motives impelling you to this course, so finely disclosed in your public statement, are [illegible]less appreciated. You may be sure the gift will be of the greatest value to the medical profession here, which has nobly shown its worth by the conspicuous services in the war, in which your country and Canada fought as comrades in arms to preserve a common ideal. I trust the relations between these two neighboring countries will always be inspired with the spirit that has animated your action."

Prophylaxis of Whooping-Cough

It has been suggested that the spread of whooping-cough, and possibly of measles, in schools might be prevented by arranging the children in classes according to whether they have had these diseases or not. If a case develops in a room, those who have had the disease may continue to come to school, while those who have not had it, and are therefore susceptible, should remain at home.

Pipe clay (a cent's worth to about four gallons of water) in washing clothes and bedding that has been used in sickness, softens the water, helps to remove stains, and has a tendency to bleach without injury to materials.

Do not grasp at the stars, but do life's plain common work as it comes, certain that daily duties and daily bread are sweetest things of life.—Lord Houghton.

High School Education and Its Relation to Our Profession

By JEAN URQUHART, R. N.

Read at the C.A.N.E. Convention, Port Arthur, Ont., July, 1920

The subject of my paper to-day is, "What High School Education Represents, and its Relation to Our Own Profession."

In passing, I must mention briefly the work of the elementary or public schools.

Their aim is to teach the rudiments of all subjects—the writing, reading, arithmetic and a little geography, and history; in other words, simply to put the tools into the hands of the workmen.

During the public school period the imagination and memory are the most active of the mental faculties. It is the age of imitation. The most marvellous tales of adventure are accepted without question or criticism. After the public school age, the "Henty" stories and others of their type lose their fascination as the critical faculties develop.

It is very unfortunate, then, that many of our public school children fail to enter high school, and that their parents consider a public school education sufficient, when it has in reality just begun.

The direct aim of the high school is to teach clear thinking and intelligent reading, as well as to impart knowledge which is of value in enabling the student to secure the maximum of pleasure and profit in each stage of his development.

"Of what value," we are asked, "is the study of Latin or of algebra to the student?"

The mental training gained by the concentration and clear thinking required in the solving of each problem is just so much capital invested, which will pay a dividend when the student has decisions of his own to make or personal problems to solve.

We are, unfortunately, but too familiar with the type of individual who is an excellent workman and can carry out orders well and without question, but who is incapable of accepting responsibility or making a decision when an emergency arises. This is the person who is deficient in that logical training which the individual of average intelligence might have gained in the high school by a study of these so-called "useless subjects."

Have you never listened to a speaker whose meaning is made obscure by his confused expressions and lack of sequence in narrative? There again you have another symptom of the lack of logical training.

In the first two years in the high school the teaching of history and civics is specially emphasized.

If we are going to develop good, loyal British subjects, there can

be no greater factor than the study of history. A new country, such as ours, lacks tradition as it exists in the old land, although events since 1914 have proved that we are capable of living up to the old traditions and we are capable of making history.

In connection with the teaching of history, civics is considered of great value.

In visiting several of the high schools of Saskatchewan during the past year, I was struck with the practical application of this latter study in the organization and conduct of the literary and athletic associations. The students elected their own officers and conducted their own business with due regard to the rules of procedure, and the discussion was very free.

We all know how, in civic and association affairs, many adults are reluctant to express an opinion on matters in which they are vitally interested, because they lack confidence in their ability to clearly express their views and feel an ignorance of the proper method of procedure. This training which is being given cannot fail to have a good effect in the future, and the question of leadership in our civic and association affairs should be a much simpler one.

The first two years in the high school, then, are devoted to a general course, which is necessary to the student in its entirety, for the complete development of the mental faculties of the individual and as a basis for the study of any profession, including that of nursing.

The courses of study vary slightly in the various provinces, and I shall give here the one with which I am most familiar—that of Saskatchewan:

English culture.

Mathematics—*logical thinking and accuracy*. History and civics, *citizenship*, geography. Elementary science, *in these days necessary as writing*.

Art, music or household science (one option); Greek, Latin, French, German (one option); hygiene and physical training, which is not optional.

The first year in hygiene consists of:

1. Public Health Act, with the regulations and bulletins issued by the Department of Public Health—prevention of infection, infectious diseases, mode of infection.
2. National hygiene.
    1. Control of tuberculosis.
    2. Pure water and pollution of waterways.
    3. Refuse, collection and disposal.
    4. Sanitation of railway lines.
    5. Immigration laws.
    6. Care of mental defectives.

This work in hygiene is taken during the first year in high schools, as students sometimes drop out then and go into business, and this particular phase of hygiene has a direct bearing on their future as citizens.

By the time the student enters the third year in high school his tastes are developing and his interests are aroused. In many cases he or she is considering the future profession; consequently there is a tendency to specialize in that third year, which is more and more encouraged. The Saskatchewan Vocational Education Act was passed this year with that in view.

The following is the course laid down for the third year. More optional subjects are allowed:

English, mathematics, history; physics, chemistry, agriculture (one option); household science, music, art, or manual training (one option); French, German, Latin or Greek (one option); hygiene and physical training.

The third year successfully completed constitutes second-class teachers' standing or, with one foreign language, junior matriculation or entrance to the university.

The fourth year, which is equal to the first year in the university, consists of three options, one scientific:

English, mathematics, history.

Physics, chemistry, biology, French, German, Greek, Latin.

Now the student who completes three years' training (successfully) in high school is well equipped to enter any business, continue his academic course in the university, or enter upon a study of any of the professions, including ours.

It has been very often said: "Yes, but many good nurses have only a public school education." How many of them do you retain as staff nurses to instruct your student nurses or recommend as superintendents of small hospitals, as school nurses, infant welfare nurses, etc.? Is it not very necessary even for private work to have a nurse who is trained to accept responsibility, to make quick decisions, and to rise to any emergency? The difference between the professional and laboring classes is only one of education. Nursing is a profession.

Hitherto there has not been very close co-operation between the hospital training schools and the high schools.

The superintendents of nurses should consider the high schools their recruiting ground for student nurses. If the university might be, so much the better. The third year course of study is admirably adapted to the needs of the nursing profession.

In the first place there should be a uniformity among the training schools of academic standing necessary for entrance. In my opinion this should be the same as for other professions. Three years' *successful* high school training. When the S.R.N.A. were having their act

amended, recently, to include the training and registering of nursing housekeepers, a clause was inserted to the effect that three years' successful high school standing be a necessary qualification for entrance to any training school for nurses in the province. Unfortunately, for various reasons, that clause was omitted from the amendment to the act; but we still hope, in the near future, to have legislation to that effect.

The educational authorities in Saskatchewan are interested in providing an adequate and efficient nursing service for the province, and are at present considering the advisability of putting on a special combined course for student nurses in the third year of the high school.

The course of study would be so modified that half a day (four hours) might be spent in the morning in the hospitals, while the afternoon might be spent in special academic work in the collegiate or high school. The Superintendent of Education for the province wrote to the president of the S. R. N. A., asking the council of the association for an opinion as to the feasibility of such a course. I shall, if I may, read a copy of the letter sent by the S. R. N. A. council in reply.

Should this combined course prove possible, it would solve three of the greatest problems of superintendents of training schools to-day—the securing of a sufficient number of suitable student nurses; a uniformity of academic standing of students in the classes; and a supply of graduate nurses whose academic standing fit them to teaching and others to do educational work. Of course, many objections may be raised—the age of the student for one. However, during that first year the student would live at her own home under the supervision of her parents or guardians. The cost to the hospital would be small, and the two months' probationary course, during which the student might be a resident, would help the superintendent to arrange the holidays for the second and third year classes. The course itself, I am sure, would prove very much more attractive to the better class of students who are now lost to the professions.

I may say that in Regina collegiate 41 second year girls have signified their intention of taking the continued course, should it be available, this year.

Up and be doing, is the word that comes from God for each of us. Leave some "good work" behind you that shall not be wholly lost when you have passed away. Do something worth living for, worth dying for. Is there no want, no suffering, no sorrow that you can relieve? Is there no act of tardy justice, no deed of cheerful kindness, no long-forgotten duty that you can perform? If there be any such deed, in God's name, in Christ's name, go and do it.

ARTHUR PENRHYN STANLEY.

Alleviating the Pains of Childbirth

Extracts from a paper prepared and read by Dr. G. M. Geldert, Chief Anaesthetist of the Protestant General Hospital, Ottawa, at a convention of the Ontario Graduate Nurses' Association in Ottawa, April 8th, 1920.

From the time of Hippocrates, 400 B. C., down to 1550 A. D., obstetrics among civilized races remained practically at a standstill. Normal labor was taken care of by mid-wives, physicians only being called in in abnormal cases. A change took place in 1542, when Vesalius wrote his Anatomy of the Human Pelvis. Louis Bourgois published his first Mid-wifery in 1600. Twenty-eight years later Harvey discovered the circulation of the blood. Caesarian section was performed by Rouset in Paris in 1581; Chamberlaine made use of the straight forceps in 1668; obstetrics became a branch of medicine in Paris University in 1720. Thus we see development has been extremely slow, there having been greater developments in the past 70 years than in all the previous centuries.

The ancients fully appreciated the great susceptibility of the nervous system of women during pregnancy, and in the puerperium; the law in Carthage and in Athens forbade the pursuit and punishment of a criminal or murderer who sought refuge in the house of a woman who was pregnant, or who had recently given birth to a child; yet very little attention was given to the relief of pain during labor at that time.

January, 1847, marked an epoch for suffering humanity, when the first woman ever delivered with the aid of an anaesthetic to allay pain occurred; Sir James Y. Simpson, of Edinburgh, being responsible for this marvelous innovation, and chloroform being the narcotic used.

In 1853 Simpson gave chloroform to the Queen of England, and down to our own time chloroform has remained the most used agent for the relief of pain during the latter stages of labor.

It is remarkable the hostility which developed from the pulpits when Simpson first startled the world with his remarkable theories.

In 1591 a lady of rank, one Eufame MacAlyane, was charged with seeking the assistance of Agnes Sampson for relief of pain at the time of the birth of her two sons, and was burned alive on Castle Hill at Edinburgh.

Such views persisted even down to the nineteenth century, when Simpson's use of chloroform was hotly denounced from the pulpits as impious and contrary to Holy Writ, and Biblical texts were cited, the general saying being that to use chloroform was to avoid one part of the primeval curse on women. So strong was the power of the Church, so universal the belief in the guilt of all women, that, notwithstanding

all Simpson's writing to defend the blessing he had introduced, he seemed about to be beaten, when he introduced a new weapon, which perhaps was the most absurd by which a great cause ever was won. "My opponents forget," he said, "the 21st verse of the 2nd chapter of Genesis, which is the record of the first surgical operation ever performed, and that text proves that the Maker of the universe, before He took the rib from Adam's side for the creation of Eve, caused deep sleep to fall upon Adam." This was a stunning blow to the clergy, but it did not kill all sectarian resistance. For the last twenty years the best obstetricians have endeavored to mitigate the pangs of labor, using whatever analgesic seemed best suited to the individual case.

It was not till 1905 that Webster, of Chicago, and his associates, Lynch and Guedell, of Indianapolis, began the use of nitrous oxide. In 1902 to 1906 Schneiderlein, Stembuchel Kronig and Gaus reported their work on Dammerschlaf (twilight sleep). In 1914, Kapp, of San Jose, California, reports extensive use of heroin, which, he claims, has no danger either to the mother or child.

Helman, of New York, says that the ideal drug, or method, must comply with the following conditions:

First—It must be sufficiently easy of application so that it can be learned by the great mass of physicians practising obstetrics.

Second—It must not in its application require too much additional time on the part of the practitioner.

Third—It must markedly reduce the pain and the memory thereof.

Fourth—It must not appreciably delay labor.

Fifth—It must not contra-indicate the use of other drugs which may also be required during labor.

Sixth—Its unpleasant effects must be less objectionable than the pain alleviated.

Seventh—It must be safe to the mother.

Eighth—It must not harm the child, during labor, at birth, or at any later date.

Ninth—It must not cause post-partum atony of the uterus.

Tenth—It must not produce nausea or other subjective disturbances.

Eleventh—There must be no harmful effect on the nursing.

Twelfth—There must be no impairment of puerperal involution.

Chloroform and ether have been used to more or less extent; but in more recent years, since the action of ether, and particularly that of chloroform, upon the liver and kidney cells has been understood, their use has become almost entirely restricted to the final and operative field of obstetrics.

In latter years, a new method, made in Germany, had been introduced, the so-called Dammerschlaf (twilight sleep). Despite the publicity given to this so-called twilight sleep by the lay press, it has not

found favor with the great majority of obstetrical authorities, either in Europe or America. Twilight sleep produces amnesia, i.e., forgetfulness; the patient suffers, but she forgets; exhaustion is not lessened. The danger is mainly to the child.

By the use of nitrous oxide and oxygen, given intermittently for each pain, we produce analgesia (absence of pain without loss of consciousness). The mother is not subjected to exhaustion and post-partum shock, as seen in the foregoing methods. It causes no irritation of the lungs, kidneys or liver; it produces no irritation of the respiratory mucous membranes. There is no loss of muscle tone; hence a protection against post-partum haemorrhage. It has no deteriorating effect on the fighting capacity of the white blood corpuscles; hence, in case of sepsis, the body is at its best to fight infection at the time it occurs, rather than giving germs of infection a head start. Ether and chloroform abolish phagocytosis for from five to eight hours.

In the use of nitrous oxide and oxygen, there is little or none of the depleted appearance usual otherwise. The patient can hardly wait to see her baby. She does not sink into sleep, saying, "Thank God, it is over; I'll never have another." It is not restricted to the terminal stages of labor, as ether and chloroform; nor does it retard the progress of labor, like chloroform and twilight sleep. Statistical reports also confirm the marked progress of the child during the first week following its birth by gas oxygen and analgesia, and the resulting shorter convalescence of the mother due to quicker involution of the uterus.

Ether and chloroform retard labor by inhibiting contraction of the uterine and skeletal muscles. Morphia retards by a general depression of the whole nervous system, and greatly depresses the respiratory centre of the new-born babe. Nitrous oxide induces none of these bad effects, but, on the contrary, shortens labor several hours, because the mother, finding herself freed to a great extent from suffering, assists nature in taking its natural course.

The chief objection to gas and oxygen analgesia seems to be in the expense; but in these days, when women think nothing of spending $15 to $25 for a hat or a pair of boots, does anyone think for a moment that the average expectant mother will forego its blessings for the sake of a few dollars? It is a cheap baby at the price of a hat or two.

In closing, I realize the theoretical dangers of gas and oxygen, and the fact that other methods of anaesthesia have their place in obstetrics and in quoting the words of Karl Henry Davis, would say: "Suffering during labor is but the tide in the ocean of motherhood; and the desire of mothers is eutocia, not amnesia. The belief that pain is an inevitable accompaniment of labor has reconciled mothers to endure it, while the joy of successful motherhood has caused them to forget it. There is, however, no logical reason why women should suffer during labor."

Insurance Against Sickness and Accident —Group Insurance

By Helen Randal, R.N.

At the annual meeting, in Fort William, of the C.N.A.T.N., the question of group insurance was raised, and the writer was asked to give some idea of how it had been taken up in British Columbia. This scheme of insurance is one that is, or should be, interesting to every nurse in active work, but seems to be only now presenting anything really definite to them. Up to the present it has been very difficult, if not impossible, for women to get sickness or accident insurance on terms that were worth while considering. For some unknown reason she was not considered a good risk by the commercial companies. In the case of nurses it seemed strange, as she, the graduate, is really a picked case, passed through a medical examination before entrance to, and during, her hospital course, and appears to be probably ill fewer times than her sisters in other walks of life. She is, however, apt to become a victim of illnesses, and particularly is the subject to minor accident—and to the major ones, also, through her moving about in street cars, trains, etc.

At the annual meeting of the Graduate Nurses' Association of British Columbia, in the spring of 1920, the Norwich Union Insurance Company, after several meetings and consultations with officers of the association, brought forward a scheme to protect the nurses at a very low rate and on the same terms, practically, as for men. This was the "group insurance," by which a blanket policy is issued to a given number of nurses at a low rate. This provided for payment of a weekly indemnity for total disability for a time limit of 200 weeks; for partial disability, limit 26 weeks; total disability by reason of sickness, limit 52 weeks; the only sickness excepted being that due directly or indirectly to pregnancy, child-birth or menstruation.

This blanket policy is issued to the association with a schedule setting forth the names of the insured and beneficiary. No individual policies at this rate are issued. No medical examination is required, and the questions on the application forms are easy to answer. It is suggested that associations make application to this insurance company and get the requisite number of names for the first blanket policy. The association may also, out of its general funds, provide for the total number of members insuring, assessing them for the amount due the association. The association also has the right to insert another name in the policy if a member drops out for any cause, and the policy continues as before.

The graduate nurse, except in institutional positions, where medical and nursing care, with the continuance of salary, is given, is faced

with total loss of income and the added expenses of illness or accident. Nurses are proverbially extravagant, and in so many cases live from hand to mouth. To them this plan of a cheap form of accident and sickness insurance should appeal. We must in the future do our utmost to influence the young graduates to protect themselves and their income by some form of insurance. This particular article refers only to one type of insurance, but the income should be protected in the same way with policies in some reputable commercial insurance company where endowment and such policies are made out, or with the Government annuities, so that we may face the future, when active work is not possible, with the certainty that we shall be financially independent. It is indeed rare that a graduate nurse manages to save and invest enough to have an income sufficient for living expenses for her later years. It is most important that this idea of income insurance be taken up with the young graduate, or even with the senior pupils, as the rate for life insurance varies very considerably with the age of the insured. If associations will select only companies with the best of reputations, and do their utmost to persuade all to take out both these forms of insurance, they may also prevent the possibility of some smooth-spoken agent of a doubtful firm making her invest to her loss instead of to her safety.

THE *Scientific American*, in referring to the ravages of tuberculosis in the United States, says: "But it is not so well known that it particularly attacks the producers, chiefly men and women between the ages of 16 and 45, people who are workers, active men and women in the home, the office and the shop. We know that it causes many deaths, but how many of us are aware that in the United States alone, every year, it causes the death of 150,000 people, and that at this very hour over a million people in this country are suffering from active tuberculosis? To those who reduce everything to a money value, it will be startling to learn that men who have made a special study of this matter, estimate the economic waste of this country through the prevalence of tuberculosis to be $5,000,000 annually."

I would be true, for there are those who trust me; I would be pure, for there are those who care; I would be strong, for there is much to suffer; I would be brave, for there is much to dare. I would be friend to all—the foe, the friendless; I would be giving, and forget the gift; I would be humble, for I know my weakness; I would look up, and laugh, and love, and lift.—HOWARD ARNOLD WALTERS.

The Use of Epsom Salts, Historically Considered

By Colonel R. D. Rudolf,
Professor of Therapeutics in the University of Toronto

That there is nothing new under the sun is a common saying, and never was this truer than in regard to the use of that old medicinal friend, magnesium sulphate. This drug has, of course, been used internally as a mild hydragogue for many generations, but until recently, it would appear from modern literature, its external employment had not been thought of. Thus Dr. N. H. Choksy wrote in *The Lancet* of February 4th, 1911, "that the common and homely drug known as 'Epsom Salts' possessed any other property save the one usually associated with it was scarcely known up to within three years ago. The anæsthetic effects resulting from its subcutaneous application, however, induced Dr. Henry Tucker, of Philadelphia General Hospital, to apply it for the relief of pain in local inflammatory conditions, with rather surprising results. For, apart from the relief of pain and discomfort, it was found that it controlled and eventually led to the cure of the inflammatory process. Numerous observations in gonorrhœal epididymitis and orchitis, gonorrhœal rheumatism, acute articular rheumatism, neuritis, etc., gave equally satisfactory results."

And Dr. Tucker himself, in the *Therapeutic Gazette* of April, 1907, and again in that of June, 1908, elaborates this external use of the drug and gives details as to its employment. Thus, a saturated solution should be applied to the inflamed part, 15 to 20 layers of ordinary gauze being constantly kept wet with it. The gauze should not be removed for twenty-four hours, and the parts then washed and the dressing reapplied. There is found to be marked bleaching of the surface, which is not followed by any deleterious effects. It causes numbness and tingling in the hands of the attendants, which may last for twenty-four hours.

The external use of magnesium sulphate thus became established and since then has been much used, and to my mind beneficially used, in various superficial inflammatory conditions, especially, perhaps, erysipelas. But it can now be shown that this external use of the remedy is only an echo of the very ancient, in fact the most ancient, use of the salt. During the first years after the discovery of these waters they were only used externally, and it remained for the third Lord Dudley North to suggest that this all-healing drug might also be used internally with benefit. As is commonly known, the spring was discovered at Epsom, by a farmer called Henry Wickes, or Wicker, in the dry summer of 1618. This man happened to find on the Epsom Common a small hole containing water. He dug it larger and then brought his thirsty cattle to drink there, but the beasts would have none of it. This led to much talking and further examination of the well, and then someone suggested that it might be a medicinal water, and soon the local people began to use it as such in the

bathing of various open sores and painful affections. This was the only use that was made of the well for years, until, indeed, Lord Dudley North, who lived somewhere near, began to take the waters as a medicine. In 1645 he published a book, called "The Forest of Varieties," and in it he claims to have been the first to have made known "the virtues of both the Epsom and the Tonbridge waters to the King's sick subjects, the journey to the German spas being too expensive and inconvenient to sick persons, and great sums of money being thereby carried out of the Kingdom." According to Nehemiah Crew, also, physician and secretary to the Royal Society, who wrote a treatise in 1695 on "The Bitter Cathartic Salt in the Epsom Waters," which book is in the library of the Royal Society of Medicine, where I had the chance of seeing it, Lord North was the first to take the waters as a medicine. He had been in the habit of visiting the German spas, as he "laboured under a melancholy disposition." He used it with success and regarded it "as medicine sent from Heaven." By 1688, according to Gordon Home in his "Epsom, its History and Surroundings," "it was a common occurrence for doctors to order a visit to Epsom," for in the "Domestic State Papers" of June 29th, in that year, we read: "Chatham Dockyard. John Owen to Pepys. I beg leave of absence for twelve days, being afflicted with —— and advised to drink Epsom waters." Soon all the fashionable world was flocking to Epsom, and they continued to do so until in 1753 that popular physician, Dr. Richard Russell, introduced sea-bathing. The diversion in this direction was fatal to Epsom. Yet the Epsom well is still there, now surrounded by fruit trees, and the water still retains its original qualities. But where are the hosts of fashionable and more humble people who used to throng the London road, riding, driving, walking, or being carried to the famous well?

A great Canadian military convalescent hospital, with its four thousand patients, is now near by, and no doubt much "mag. sulph." is used in assisting these poor fellows back to health but it is a salt made from *dolomite* or *kieserite* that is given, rather than the original waters from the adjacent well. And this is only used internally, unless, indeed, the medical officers have been reading rather recent medical literature and are applying what they, from this, believe to be the new external method, or unless, indeed, they happen to be versed in medical history and hence know that they are only then again employing what was the original method of using this healing solution in the very place where they are now practising their art.

—*The Canadian Medical Association Journal.*

To smile at trials which fret and fag,
And not to murmur, nor to lag;
The test of greatness is the way
One meets the eternal Everyday.

EDMUND VANCE COOKE.

Care of the New-Born Babe

By Eleanor McPhedran, R.N.

Read at the Alberta G. N. A. Convention, October, 1919, at Edmonton

It is the duty of every nurse who attends an obstetrical case to see that the mother is taught something about the care of her baby, particularly if it be her first-born; for often it seems to be taken for granted that the young mother will know instinctively the care which her baby requires, as though it required no more than that which an animal possesses. Every prospective mother should have some knowledge of the care of her infant before her confinement; but, unfortunately, the first baby must in many cases be an experiment, and many mothers will never forget the anxiety and trial of the morning after the nurse left, or the morning after she left the hospital.

In the maternity hospitals, much can be accomplished by encouraging the young mother to pay visits to the nursery for one or two mornings after she is allowed out of bed, in order to watch the bathing and dressing of the young baby. Sometimes she may help a little just to gain confidence, and questions can be asked and answered and many hints given regarding the general care.

The importance of training the babe in regular habits of feeding and sleeping, and also not allowing the too frequent disturbance of the child by curious though friendly neighbors and relatives, should be impressed on the mother, as also the vital importance of giving the baby fresh air and sunshine regularly, weather permitting.

In caring for the new-born babe, it is necessary to be ever on the alert for trouble. There may be hemorrhage from the cord; and if there be any suspicion of this, the cord should be retied at once. Alcohol applied to gauze makes a good dressing; and care should be taken to wrap it well around the cord, for when it becomes hard and dry it may injure the delicate skin of the abdomen.

The care of the eyes is important; and we should be careful to avoid the introduction of infection and to prevent mechanical injury, such as the scratching with rough clothes, etc. In all hospitals, immediately following birth, the eyes are treated with argynol or silver nitrate, which treatment is equally important in private practice.

A child delivered by an operative procedure should be kept especially warm, as these babies often suffer from shock; this also applies to the premature child.

The custom of giving a dose of castor oil the second or third morning of the baby's life is in most cases unnecessary, as the colostrum acts as a laxative and is usually all that is required. Oil should be given only if the meconium is not thoroughly evacuated, or if there is a rise of temperature during the first few days, in which case a very small dose is sufficient.

If the infant is restless and subject to colic, a colonic flushing with normal saline solution frequently proves beneficial.

When the reddish brick dust sediment is present in the urine, a little water should be given several times a day.

We all know that mothers' milk, first and always, is the proper food for infants; and we should see that every mother nurses her babe, unless, through ill health, this is contraindicated. Statistics show that the mortality of bottle-fed infants during the first year of life is fully three times as great as that of those who are breast-fed. Provision should be made for the mother who has to support herself and, perhaps, other children, whereby her baby will not be deprived of its natural food. This may also apply in the case of the unmarried woman, who often gives her baby away because she is not in a position to support both herself and babe.

Usually the babe goes to the breast six or eight hours after birth, and most of them will nurse very well. Occasionally we get one that will not, for various reasons; sometimes because the nipple may be too large, and in other cases not large enough; and, again, just because it won't; and nothing requires more tact and patience than teaching these babies. However, in practically every case it can be accomplished, even though the struggle may last for five or six days. And what a satisfaction when, at last, it learns!

If it is thought that the child is not getting enough milk at each nursing, it should be accurately weighed before and after feeding, and it may be necessary to give one or two feedings of artificial food during the day. If this is done, it is well to have the child nurse at the regular time and to have the bottle prepared and ready for the babe as soon as the breast is emptied. Modified milk is generally given at this time—though this is something which should be referred to the attending physician, when possible.

As the future of the baby depends a great deal on the care it receives during the first few weeks of life, we, as nurses, have a great responsibility when we are called upon to care for the new-born babe. When a nurse can leave the home, knowing that she has the mother and babe started on the right road, she has, indeed, done something worth while.

The world would be better and brighter if people were taught the duty of being happy as well as the happiness of doing their duty. To be happy ourselves is a most effectual contribution to the happiness of others.—Sir John Lubbock.

Do the work that's nearest, though it's dull at whiles; helping, when we meet them, lame dogs over stiles; see in every hedge-row, marks of angels' feet; epics in every pebble underneath our feet.—Charles Kingsley.

Editorial

In announcing the results of the work of the Nomination Committee of the C.N.A.T.N. at the convention, Miss Edith MacP. Dickson was declared elected president by acclamation. Miss Dickson is well known in nursing circles; has been first vice-president of the association for the past year and has been the indefatigable secretary of the Canadian Association of Nursing Education for the past two years. She also has the distinction of being the first Canadian trained president of the Canadian Association of Trained Nurses. The best wishes of the nurses of Canada go with her in the honor shown her by her election.

* * * *

The two conventions of the Canadian Association of Nurse Education and the Canadian National Association of Trained Nurses, held July 5th to 10th, inclusive, in Fort William and Port Arthur, Ont., were well attended and full of interest. Nurses from every province, with the exception of Prince Edward Island, were present, with a very evident desire to show that each respective province had been advancing along lines of progress and the recognition of nurses as a body as well as towards a standard of education for all schools in the Dominion. To one who has been attending these conventions regularly, it would seem that the delegates were better instructed this year, felt the responsibility of voting for their associations more than previously, and also thought out matters more for themselves than has been the custom. There had been, previously, more or less of an idea that the main voting was for officers, and that was really all that they, as delegates, were responsible for; nor were they obliged to attend all meetings. While instruction on the election is usually more clearly defined and understood, the matters of policy and important decisions need the presence and thoughtful discussion of all given before we, as a body, commit ourselves to them. It tends really to a stronger national feeling when the affiliated associations have had plenty of time given them to consider questions of importance and are sending delegates who are familiar with the work in their own home associations to talk and vote on these points than to leave it to the annual meeting of the National Association. Our local association meetings would be far more interesting and far more alive if each one felt that the delegates must be prepared to speak and bring forward the views of her association at these National meetings. To so many of these affiliated bodies the connection with the National is only when the nomination blanks are sent in. In some cases delegates were sent who had not been active in their associations, some who had not been at meetings for some

time back; and, while these took away much of value to the associations sending them, still they could not voice the sentiments of their association as could those faithful ones who attend all meetings of local associations. As a suggestion for this coming year, it might be of value if the selection of delegates could be made early in the year, arranging for a sufficient number to allow some of those selected remaining at home owing to change of their plans. Then these prospective delegates should get into close touch with the ideas, sentiments and plans of their society, and go with the express idea of representing them at every meeting, and having an exact idea of the subject matter under discussion. In other words, they should go into training as delegates. With the C.A.N.E. there are no delegates, but individual members, who naturally have more latitude in the views expressed and in the personal voting. It seems a pity that, as the subjects taken up by the latter society are of value to all nurses, a full attendance of the nurses attending could not be had before the meetings of the C.N.A.T.N. began.

The Canadian Nurses' Association and Register for Graduate Nurses, Montreal

President—Miss Phillips, 750 St. Urbain Street.
First Vice-President—Miss Amy Desbrisay, 638A Dorchester St., West.
Second Vice-President—Miss H. M. Dunlop, 209 Stanley Street.
Secretary-Treasurer—Miss S. Wilson, 638A Dorchester St., West.
Registrar—Mrs. Burch, 175 Mansfield Street.

The association was represented at the conventions of the C.A.N.E. and C.N.A.T.N., held in Fort William and Port Arthur, July 5th to 10th, by Miss Lucy White instead of Miss Phillips, who was unable to attend.

Miss Susie Wilson, our secretary-treasurer, is spending her holidays at Lyn, Ont.

Miss Florence Thompson and Miss Schneider leave on the 24th for Vancouver with the delegates to the Imperial Press Conference.

News from The Medical World

By Elizabeth Robinson Scovil

Bacterial Infection Through Mouth and Nose

Recent researches have shown that the upper air passages have natural powers of resistance to the bacteria, which gain an entrance to the body through them. The mucous membrane of the nose is thought to sometimes prevent infection from the virus of poliomyelitis. Some types of streptococci are destroyed by the gastric secretion before they can reach the circulation. The saliva and the mouth secretions have a marked bactericidal effect. It is stated that alcohol, which was once thought a prevention of infection, contributes to its possibilities by paralyzing the natural protective agencies of the body and not destroying the harmful bacteria.

Transmission of Tuberculosis

From experiments made at the Trudeau Sanatorium, Saranac Lake, it is decided that the danger from the dust of rooms inhabited by the tuberculous has not yet been conclusively proved. The same is true of eating with utensils that have been properly cleaned with boiling water, the use of the telephone receivers, the touching of door knobs, etc. The danger of kissing has been emphasized by eminent authorities. Yet patients with tubercle bacilli kissed sterile Petri dishes at different times in the day and infection was by no means always transmitted, though viable bacilli were present in saliva and sputum. The danger is greatest soon after coughing. While reasonable precautions should be taken, nature has provided so many safeguards there is no occasion for morbid fears, nor for shunning the tubercular patient as if he were a leper.

Canadian Universities

At a meeting of the Royal Colonial Institute, London, it was stated that London, with a population of 8,000,000, was content with one university. Canada, with a very much smaller population, has a larger number of universities than the United Kingdom. The cost of university training is also considerably less in Canada. Unlike the American universities, the Canadian have retained the British system of honors. In Toronto and McGill, the training in medicine is abreast of the best on the European continent. Sir George Parkin and Sir Gilbert Parker spoke.

Preventive Medicine

Sir George Newman, chief medical officer of the English University of Health, says that most diseases are the effect of causes in large

and increasing measure controllable. Good cooking was advocated as a pre-requisite of good digestion. Poor food is not a result of poverty, but of lack of knowledge. Four principal diseases—pulmonary tuberculosis, influenza, poliomyelitis and cerebro-spinal fever—were known to be conveyed by inhalation of the causal microbe. A clean mouth, clear breathing passages, abstinence from spitting, sneezing, coughing, shouting or breathing at other people, would go a long way toward prevention. The prevalence of venereal disease is a strain on our civilization. Enlightened public opinion will ensure sanitary reform, therefore education in sanitary methods and objects is imperative. No laws can be successfully applied which have not public opinion behind them.

The Solution of Nursing Problem

The American Conference on Hospital Service, at its meeting in Chicago in March, appointed a committee of seven, each representing a medical or nurse organization, to investigate causes of the shortage of nurses, and to offer constructive criticism of present methods of training nurses. Physicians and nurses are asked to give the committee the benefit of their answers, or opinions, on any or all of the following questions:

1. What is your opinion of the three years' course for nurses connected with hospitals; the two years' course for nurses connected with hospitals; the high school pre-nursing course; the Red Cross extension courses; short courses and correspondence nursing courses?

2. Are the principles laid down in the nursing education in these courses right or wrong? If right, why does not present nursing education adequately meet the nursing need? If wrong, how should the training of nurses be made right?

3. What use are the graduates of these schools making of their training?

4. What misuse are the graduates of these schools making of their training?

5. What, if any, is the nurse wastage during training?

6. What, if any, is the nurse wastage after finishing the course?

7. What are some of the reasons for the shortage of nurses today?

8. What suggestions can be made as to changes in the training which will make it efficient and yet not lower the nursing standard?

Replies should be sent to Louise M. Powell, superintendent School of Nursing, University Hospital, Minneapolis, Minnesota. The answers will be classified and made a part of the committee's report to the American Conference on Hospital Service at its meeting in Montreal in October.

Let the State save the child, and the child will save the State.—Una.

Public Health Nursing Department

Address public health news items from each province to the following representatives:

Nova Scotia
Miss E. M. Pemberton,
Victoria General Hospital,
Halifax.

New Brunswick
Miss Sarah Brophy,
74 Carmarthen Street,
St. John, N.B.

Quebec

Ontario
Miss Eunice H. Dyke,
City Hall, Toronto.

Manitoba
Miss Elizabeth Russell,
Provincial Board of Health,
Winnipeg, Man.

Saskatchewan

Alberta
Miss Christine Smith,
Department of Public Health,
Province of Alberta,
Edmonton, Alta.

British Columbia

QUESTION BOX

Questions on public health subjects will be received by the Chairman of the Public Health Section of the Canadian National Association of Trained Nurses, Miss Eunice H. Dyke, City Hall, Toronto. Each question will be forwarded to nurses qualified to discuss the subject.

THE PUBLIC HEALTH SECTION ADOPTS BY-LAWS

According to the constitution of the C.N.A.T.N., which provides for the formation of sections, the by-laws of any section must be submitted to the parent organization for approval. At the convention held in Fort William the committee appointed to organize a public health section submitted by-laws, which were adopted. These by-laws are as follows:

NAME—The name of this section shall be the Public Health Section of the Canadian National Association of Trained Nurses.

OBJECTS—The objects of the section shall be to advance the standards of public health service given by members of the Canadian National Association of Trained Nurses.

MEMBERSHIP—Members of the Canadian National Association of Trained Nurses may become members upon the payment of $1.00 to the secretary-treasurer of the section.

OFFICERS—The officers of the section shall be a chairman and vice-chairman, elected at the annual meeting, and a secretary-treasurer, chosen from the council by the chairman.

COUNCIL—The council shall consist of one member elected by each provincial executive, such member to be a nurse actively engaged in

public health work or the training of public health nurses, and not already a member of the provincial executive. It is recommended that this nurse should be the chairman of a provincial public health committee and attend the meetings of the executive of the provincial association.

MEETINGS—The annual meetings of the section shall be at the same time and place as those of the Canadian National Association of Trained Nurses.

The appointment of officers for 1921 will proceed according to the by-laws. In order, however, to avoid limiting the choice of officers to those present at the convention, the election of the chairman and vice-chairman for 1920 was postponed. The present organization committee remains in charge of the section until after the appointment of a councillor by each provincial executive, when nominations will be submitted by that committee to the councillors and voted upon by them. The chairman elected will then appoint the secretary-treasurer from the councillors. Prompt action by each provincial executive in appointing its representative to the public health section is desirable. Miss Elizabeth Breeze, of Vancouver, the acting secretary, will receive the names of those appointed by the provinces.

The by-law requiring that the councillor from each province should be a public health nurse not already a member of her provincial executive caused some discussion. The purpose of the plan is to increase as rapidly as possible the number of public health nurses interested in national nursing affairs, and to provide the public health nurses already appointed to provincial executives or councils an opportunity to recruit nurses capable of holding office. Without this rule, the provincial executives would probably follow the easy course and appoint one of their own members. The demands being made upon this branch of the profession by public and private organizations make a peculiar demand upon the leaders in public health nursing to strengthen their forces.

Thirty-seven nurses joined the section in Fort William, and sixteen of these were superintendents of training schools. It is hoped that the chairmen of provincial public health committees will enroll as members of the Public Health Section of the C.N.A.T.N., not only the public health nurses in their provinces, but also those interested in preparing nurses for the public health field.

Reports of progress in each province submitted to the Public Health Section in Fort William were omitted in order to give more time for the discussion of papers. Each year, as the term "public health nursing" becomes better understood, the reports received become more comprehensive and the limitations of magazine space allow for summaries only. Many items which have been omitted or merely noted

are of great interest, and we hope will be enlarged upon for publication during the year.

NOVA SCOTIA

(a) Total number of public health nurses, 33. Employed by Victorian Order, 24; Massachusetts-Halifax Health Commission, 2; municipal departments of education, 5; industries, 1; philanthropic agencies, 1.

(b) Non-graduate nurses employed for public health work, 1.

(c) New work organized during the past year: Health centre opened in Halifax; public health course for graduate nurses started in connection with Dalhousie University.

(d) New work contemplated: Health programme of the Canadian Red Cross includes nursing service; model health and teaching centre in connection with the medical department of Dalhousie University and the Massachusetts-Halifax Health Commission; a health centre in each county.

NEW BRUNSWICK

(a) Total number of public health nurses, 12. Employed by: Victorian Order, 13; Department of Health, 1; industries, 2, philanthropic agencies, 3.

(b) Non-graduate nurses employed, none.

(c) New work organized during past year: Medical school inspectors appointed for service throughout entire province, and provision made for successful vaccination of every school child; lectures on public health and sanitation given by chief medical health officer to student teachers of the Provincial Normal School; child welfare work under auspices of Victorian Order extended to Fredericton, Moncton, Sackville and Rothesay, and enlarged in St. John; establishment of a new Victorian Order home and training centre in St. John; tuberculosis work in St. John strengthened by appointment of one new nurse, establishment of evening classes, and an active publicity committee.

(d) New work contemplated: Health plays and free dental clinics in the public schools in St. John; establishment of clinics for treatment of venereal disease; mental survey of the province, with a view to establishing a home for the feeble-minded; public health exhibition, under auspices of Department of Health, in connection with a provincial exhibition in St. John.

ONTARIO

(a) Total number of public health nurses, 310. Employed by: Victorian Order of Nurses, 37; Provincial Department of Health, 9; Municipal Departments of Health, 117; Provincial Department of Education, 3; Municipal Departments of Education, 58; industries,

55; Juvenile Court, 1; Department of Soldiers' Civil Re-establishment, 10; philanthropic organizations, 20.

(b) Non-graduate nurses employed for public health work, 18.

(c) New work organized during the past year: Eight nurses enrolled by Provincial Department of Health and eight by Red Cross Society in an intensive course preparatory to work throughout province; sixty-four nurses, the majority of whom are engaged in school work throughout the province, enrolled for an intensive summer course; an increased number of undergraduate nurses in Toronto provided with two months' field work during senior year; two industrial nurses sent by employers to conference of American Safety League in Chicago; registration bureau for volunteer workers conducted during epidemic by Toronto branch of Red Cross Society; venereal disease clinics, with necessary follow-up work, established in Toronto by the Provincial Department of Health; a public health nurse appointed as assistant to the psychiatrist working in the public schools of Toronto; a public health nurse appointed to work in connection with the Juvenile Court; a public health nurse appointed temporarily by the Red Cross Society in a rural community for demonstration purposes; a Mothers' Allowance Act passed; an advisory committee on nursing affairs appointed by the Graduate Nurses' Association of Ontario at the request of the Provincial Branch of the Red Cross Society, and a survey of the health needs of the province made by that committee.

(d) New work contemplated: Department of Public Health Nursing in connection with Toronto University to be opened in October, with an enrolment limited to fifty graduate nurses; ten scholarships for this course will be granted by the Red Cross Society; extension of public health nursing throughout Ontario by Department of Public Health, with the Red Cross Society co-operating; extension of venereal disease clinics, and follow-up work; Red Cross enrolment for emergency in public health service, both for nurses and all other branches of volunteer service.

MANITOBA

(a) Total number of public health nurses, 128. Employed by: Victorian Order of Nurses, 11; Margaret Scott Nursing Mission, 4; Provincial Department of Health, 46; Provincial Psychopathic Department, 4; Department of Soldiers' Re-establishment, 11; Municipal Departments of Health, 18; Municipal Department of Education, 11; industries, 7; dental offices, 10; philanthropic organizations, 6.

(b) Non-graduate nurses employed for public health work, 2.

(c) New work organized during past year:

Provincial Department of Health—Public service nursing, four nurses to be financed by Provincial Branch of Red Cross Society; venereal disease nursing; mothers' allowance visiting; children's home wards visiting; well baby conferences and health exhibits held at all agricultural fairs.

Winnipeg Department of Education—Little Nurses' League lectures given to upper grade girls by nurses.

Social Service Department of Winnipeg General Hospital—Follow-up clinic work, pre-natal, orthopedic, venereal diseases, children's diseases.

(d) New work contemplated for the future: Medical inspection in all schools of the province where not already established; establishment of a provincial clinic for chest diseases; diagnosis of all cases of suspect tuberculosis and mental deficients reported by the nursing staff.

Winnipeg General Hospital Social Service Department—Follow-up work in connection with the eye, ear, nose and throat department and skin diseases.

Margaret Scott Nursing Mission—Employment of one practical nurse to help in the homes of patients when necessary.

Facilities for Public Health Education, Graduate and Undergraduate—

Provincial Department of Health—Annual course for members of staff and those contemplating taking up public health work; (2) one to six weeks' field work; (3) visiting nursing with Margaret Scott Mission; (4) privilege of attending child welfare clinics and out-patient department at General Hospital, Ninette Sanatorium and King George Hospital for Communicable Diseases.

Victorian Order of Nursing—Training school organized Nov. 1st; four months given entirely in observation at all welfare agencies in the city; (2) experience with Victorian Order nurses in districts; (3) lectures by Miss Pritchard, superintendent of Winnipeg Branch.

University of Manitoba—Short courses in the problems and methods of social welfare work.

Margaret Scott Nursing Mission—Two months' field work given to nurses in third year of training from Winnipeg General Hospital; (2) opportunity given to provincial public health nurses to gain experience in field work.

SASKATCHEWAN

In the Province of Saskatchewan the Victorian Order has about ten nurses doing district work. Several rural municipalities employ district nurses. Section 166 S.S. 37 of the Rural Municipality Act provides for the appointment of nurses for the municipality, or granting aid to an organized society, for the purpose of securing the services of

nurses. The Women Grain Growers have taken advantage of the above provisions. The following cities employ public health nurses: Saskatoon, 3; Regina, 4; Moose Jaw, 2; Weyburn, 1; Swift Current, 1; Prince Albert, 1. One industrial firm employs the services of a nurse.

At the present time the Red Cross Society is preparing a plan for supplying district nurses in the rural municipalities, in which the Victorian Order will probably co-operate.

Of the four nurses employed by the Bureau of Public Health, two are engaged upon child welfare and the teaching of home nursing in country districts, one on tuberculosis, and one on trachoma. The trachoma nurse lives in the district affected, and treats and follows up all cases. A post-graduate course of one month in school nursing is being given by the Regina Public School Board, and a two weeks' intensive course for school nurses is being put on by the Department of Education at the summer school at the university this year.

ALBERTA

(a) Total number of public health nurses, 50. Employed by: Victorian Order of Nurses, 8: Provincial Department of Health, 17; Municipal Departments of Health, 3; Municipal Departments of Education, 16; industries, 1; philanthropic agencies, 5.

(b) Non-graduate nurses employed for public health work, none.

(c) New work organized during past year: Extension of school inspection work in Calgary, Edmonton and Medicine Hat under auspices of Department of Education; establishment of child welfare work in Edmonton, through co-operation of Rotary Club and V.O.N., and extension of same work in Calgary under Board of Health and in Lethbridge under the Nursing Mission; slight extension of industrial nursing; instruction by graduate nurses in home nursing and first aid in connection with Women's Institutes; general development of provincial nursing service of Department of Public Health.

(d) Public health nurses to be supplied for Department of Indian Affairs by the V.O.N.; opportunities are indicated by factory inspectors for education in connection with industries; plans are being completed by Provincial Department of Health for the training of attendants.

BRITISH COLUMBIA

(a) Total number of public health nurses, 51. Employed by: Victorian Order of Nurses, 16; Department of Soldiers' Civil Re-establishment, 5; Provincial Department of Health, 6; Municipal Departments of Health, 4; Provincial Department of Education, 3; Municipal Departments of Education, 8; industries, 2; police, 4; philanthropic agencies, 3.

(b) Non-graduate nurses employed for public health work, none.

(c) New work organized during past year: Department of Public Health; university endowed by Provincial Branch of Canadian Red Cross Society; preparation of nurses for rural work under Provincial Department of Health made possible by the Red Cross Society and the Victorian Order of Nurses; enlargement of tuberculosis work of the Rotary Club Clinic in Vancouver, with special emphasis upon the school child; venereal disease clinics, with social service nurses, opened in Victoria and Vancouver; a superintendent and assistant superintendent for neglected children have been appointed, and will carry out the provisions of the Mothers' Pensions Act; extension of work for mentally defective and under-nourished children in Vancouver and Victoria; nurses employed in Victoria and Vancouver in connection with the police department help in the handling of the drug traffic among women.

(d) New work contemplated in the future: A short course in public health nursing under the auspices of the University of B. C. and in co-operation with local public health agencies; out-patient and social service departments of the Vancouver General Hospital will be utilized in the field work for public health students; extension of child welfare work in Vancouver by the Department of Health and Victorian Order in co-operation.

FOR READING TO THE SICK

"Be Comforted!"

This thing on which thy heart was set, this thing that cannot be,
This weary, disappointing day that dawns, my friend, for thee:
Be comforted; God knoweth best, the God whose name is Love,
Whose tender care is evermore our passing lives above.

He sends thee disappointment! Well, then, take it from His hand.
Shall God's appointment seem less good than what thyself had planned?

'Twas in thy mind to go abroad. He bids thee stay at home.
Oh! happy home; thrice happy, if to it, thy Guest, He come.
'Twas in thy mind thy friend to see. The Lord says, "Nay, not yet."
Be confident; the meeting time thy Lord will not forget.
'Twas in thy mind to work for Him. His will is, "Child, sit still";
And surely 'tis thy blessedness to mind the Master's will.
Accept thy disappointment, friend, thy gift from God's own hand.
Shall God's appointment seem less good than what thyself had planned?

—*Nursing Mirror.*

Hospitals and Nurses

NOVA SCOTIA

On Sunday, June 27th, at All Saints' Cathedral, Halifax, an impressive service was held in memory of that gallant group of Nursing Sisters whose lives were lost by the sinking of the hospital ship "Llandovery Castle," torpedoed off the coast of Ireland on the evening of June 27th, 1918. In the nave of the cathedral seats were reserved for members of the nursing profession, who were present by special invitation.

The relation between supreme self-sacrifice and the high reward of service was the theme of the notable sermon preached by the Rev. S. B. Wright. The object of the service, he explained, was not to perpetuate the horrors of the war, but that inspiration for fresh service might be gained by the memory of these brave women, of whom it is recorded, "they met their doom with grave fortitude and unflinching valor."

The hymns sung were: "Now the Laborer's Task Is O'er" and "Jesus Lives." Following "The Dead March in Saul," the Dean recited "The Call of the Dead" (Oxenham), and read the names of the Nursing Sisters: Margaret Fraser (Matron), Christina Campbell, Carolen Douglas, Alexina Dessault, Minnie Follette, Margaret Fortscul, Minnie Galligar, Jessie McDermid, Mary McKenzie, Rena McLean, Belle Sampson, Gladys Sare, Anne Irene Stamers, Jean Templeman.

Miss Bamford, now quite restored to health after her serious illness, has resumed her duties as superintendent of the Children's Hospital. Miss Frances Fraser, who substituted for Miss Bamford, has joined the Red Cross Travelling Clinic, Caravan No. 1.

Some months ago there was organized by graduates of the Victoria General Hospital, Halifax, an Alumnae Association, which, under the presidency of Mrs. Harry Hall, grows steadily in numbers and in enthusiasm. Its June meeting took on the character of a social gathering, at which the guests of honor were five nurses who this spring completed their training course at the hospital—Misses Edna Holloway and Muriel Woodhead, of Halifax; Miss Vera Baxter, of Wolfville, Nova Scotia, and Misses Hilda Crooks and Ethel Langille, of Dartmouth. Miss Pickles, superintendent of nurses in the Victoria General, who takes the most active interest in whatever can serve to promote esprit de corps in the institution, was present, tea being poured by Mrs. W. D. Forrest. The drawing-room of the Nurses' Home of the V. G., where the function was held, was prettily decorated.

Friends of Dalhousie University, Halifax, and, indeed, friends of higher education generally, are rejoicing over the splendid gift of $500,000, announced during the recent wonderfully successful campaign on behalf of the university, from the Rockefeller Foundation. This is a portion of the gift of $5,000,000 for medical education in the Dominion. On his visit to Halifax some months ago, Dr. Vincent expressed himself as being strongly impressed with the grouping of hospitals in one section where are the Victoria General, the Children's Hospital, the new Maternity Hospital (which, when completed, will be one of the finest in the Dominion), and the Dalhousie Medical School. Those who talked with him, at the time of his visit, and heard his cordial expressions of approval, feel confident that it was this which led to the splendid gift, which, as intimated, caused such rejoicing to friends of the university when it was announced.

There are now being made additions to the Victoria General Hospital and its Nurses' Home, of which the need has been long felt. A private pavilion, giving additional accommodation of seventy beds, is being built, increasing the total capacity of the hospital from one hundred and seventy to two hundred and forty, while at the rear of the main building is also being erected a large service building, which will provide all that such a building should provide, and will be equipped to meet every possible need of the hospital. The addition to the Nurses' Home will very nearly double its present capacity of forty beds, providing for thirty-five additional, the total cost of all the construction being roughly estimated at between $500,000 and $600,000.

Dr. D. A. Craig, for five years medical superintendent of the Queen Alexandra Hospital, London, Ontario, and, during the war, consultant in diseases of the chest for Military District No. 1 of the Canadian Army, has been appointed tuberculosis examiner by the Massachusetts-Halifax Health Commission, and, on the 15th inst., took up his residence in Halifax.

Dr. Craig will give his entire time to tuberculosis work and other educational phases of public health contemplated by the Massachusetts-Halifax Health Commission. He will supervise the three tuberculosis clinics being organized in the health centres and serve as a free tuberculosis consultant to physicians in Halifax and Dartmouth.

The executive officer has also announced the appointment of Dr. Gordon Wiswell as the physician to be immediately in charge of the pre-natal, baby, pre-school age and malnutrition services in Health Centre No. 1, now conducted in Old Admiralty House; and of Dr. Hugh W. Schwartz as the physician immediately in charge of the nose and throat services. Dr. M. J. Carney, who organized the first tuberculosis clinic in Halifax, will continue in charge of at least one of the health centre tuberculosis clinics.

The commission recently announced the names of a consulting staff, who will co-operate with Dr. Royer, the executive officer, in de-

termining the policies in health centre work. Their names are as follows: Col. John Stewart, Dean of Dalhousie Medical School; Dr. Frank Woodbury, Dean of Dalhousie Dental School; Dr. Arthur Birt; Dr. George M. Campbell; Dr. S. J. MacLennan.

* * * *

NEW BRUNSWICK

St. Stephen

A meeting of the St. Stephen local chapter of the New Brunswick Association of Graduate Nurses was held at the Chipman Memorial Hospital June 10, 1920. After the routine business, refreshments were served and a social hour was spent by the members and visiting nurses.

Miss Lucretia Estabrook has resigned from the staff of Chipman Memorial Hospital owing to ill health. Miss Estabrook's neck was successfully operated on recently, and she is now convalescing at The Ledge.

St. John

Miss A. L. Burns, graduate Lady Stanley Institute, Ottawa, of St. John, N. B., has recently taken a position with the Victorian Order of Nurses in Moncton, where the work is quite new. With Miss Burns is associated Miss Latimer, General Public Hospital, St. John, N. B. Miss Burns, who has given several educational addresses with a view to stimulating public interest in the health of the people and in the care of children, has the honor to be the first woman to address the Moncton Rotarians.

Miss Alma Law, who has been head nurse at the General Public Hospital, St. John, N. B., for the last four years, has resigned to accept a position in the Moncton Hospital, made vacant by the resignation of Miss Florence Snell. Before going to Moncton Miss Law expects to visit at her home in Gagetown for a month.

The St. John local chapter of the New Brunswick Association of Graduate Nurses held its regular meeting at the home of Mrs. F. T. Dunlop, where a very pleasant social evening was spent.

On June 22nd the New Brunswick Association of Graduate Nurses assisted the Women's Hospital Aid at a luncheon given to the National Council of Women.

* * * *

QUEBEC

The Montreal General Hospital Alumnae Association

On Thursday, June 17th, the Alumnae Association gave a most enjoyable dinner at Stretton Hall in honor of the last graduating class. Owing to the absence from town of the president, Miss Ethel Brown, the chair was very ably taken by the first vice-president, Miss S. E. Young.

There were one hundred and ten present, including the nurses who had that day received their medal and diploma.

Miss S. E. Young, superintendent of the Montreal General Hospital Training School, is leaving, July 2nd, to attend the convention of the Canadian National Association of Trained Nurses and the Canadian Association of Nurse Education, which meets at Port Arthur and Fort William.

Miss Tedford, who was present at the alumnae dinner, is still recuperating, although practically recovered from her illness. She is spending the summer between New Glasgow, P.Q., and Choisey, P.Q.

Miss I. Ingraham (1908) has returned from New York, and at present is doing private nursing in Montreal.

Miss L. Dickie (1910) is now in Montreal, doing private nursing.

Miss Alice Ketchen (1910), who for the past nine years has been on the staff of the Montreal General Hospital, is leaving, to take charge of the General Hospital at St. Johnsbury, Vermont. She was the guest of honor at a party given for her by the training school, when she was presented with a travelling bag. She takes with her the best wishes of all those with whom she has been connected.

Miss Constance Stuart (1912) is at present in England, where she is visiting relatives.

Miss K. Motherwell (1916) is a patient in the hospital, suffering from an attack of acute rheumatism.

Miss L[illegible]an McKinnon (1918) is in charge of the operating room at the Galt Hospital, Lethbridge, Alta.

Miss Isabel Symonds (1919) is in charge of the Baby Health Centre, Chalmers House.

Miss C. Denovan (1919) has accepted an appointment as assistant night supervisor at the Montreal General Hospital.

Miss Helen Peters (1920) is on the operating room staff of the Montreal General Hospital.

* * * *

ONTARIO

Toronto

A few of the graduate nurses entertained at dinner, at the Queen's Hotel, Thursday evening, June 24th, 1920, in honor of Miss Edythe Gaskell, Miss Helen Carruthers and Miss Hannant, showing their appreciation of the splendid work done for the Central Registry of Graduate Nurses, Toronto, during the last year. The alumnae of the different Toronto hospitals, also the Florence Nightingale Society, were well represented. About fifty nurses were present. A purse of gold was presented to each of the honored guests.

Miss Anna Ellerington (T.G.H., 1912) is convalescing nicely in the

Private Patients' Pavilion of the Toronto General Hospital, following an operation for appendicitis.

The graduating exercises of the Toronto Free Hospital for Consumptives were held on Wednesday afternoon, June 16th, 1920, at 3.30. His Honor the Lieutenant-Governor presided, and the diplomas and pins were presented by Miss Diana Clark in the absence of Mrs. Lionel Clark. The annual report was then read by the lady superintendent, Miss E. MacP. Dickson. Dr. Powell gave an inspiring address, touching on the growth of the nursing profession. Sir William Gage spoke briefly, paying a warm tribute to the work of Miss Dickson, which was applauded heartily by the nurses themselves.

The presentation of the prizes were as follows: First general proficiency prize, given by Sir William Gage, presented by Lady Gage, was won by Eunice M. Woodford; second general proficiency prize, given by Mr. H. Gagnier, was carried off by Winnifred Wiltshire; third general proficiency prize won by Blanche Frise, presented by the donor, Mr. E. L. Ruddy; and the prize for the intermediate year, highest standing in examinations, was awarded to Janet Gress, presented by Mr. T. A. Brown.

Congratulatory addresses were given by several prominent men. At the close of the exercises, a reception was held in the Nurses' Residence.

The graduates were: Idella Collins, Toronto, Ont.; Blanche Frise, Seagrave, Ont.; Leda Johnston, Tincap, Ont.; Willema Kerr, Toronto, Ont.; Annie McConnell, Mansfield, Ont.; May Hagerman, St. John, N. B.; Helen Nimchic, Eganville, Ont.; Winnifred Wiltshire, Peterborough, Ont.; Eunice Woodford, Owen Sound, Ont.

Hamilton

Dr. and Mrs. Will Cody have returned from their honeymoon trip. Mrs. Cody was formerly Miss Ola Beatty.

Miss Kate Madden was visiting old friends here before assuming the duties of her new position on May 1st, as lady superintendent of the Brooklyn City Hospital.

The Misses Tobias, Caldwell, Shuttleworth and Mrs. Flynn (formerly Lillian Tobias) have gone to Brooklyn, also to take positions with Miss Madden.

Miss Barclay, Sec. H.G.H. Alumnae, has taken a position with Armour and Co.

The Misses Burnett, Barclay, Pegg and McPhail attended the "National" at Fort William in July.

Mrs. Agnes Harley Haggarth has been appointed to the position of nurse for venereal disease.

Miss Dorothy Gill is starting a branch of the Victorian Order in St. Catharines, and is quite enthusiastic over her new work.

Woodstock

On Monday, June 14th, the annual meeting of the Woodstock Hospital A.A. was held. The association decided to donate sufficient money to furnish a ward in the new hospital wing which is being erected.

London

Victoria Hospital A.A., London, Ont., has the unique distinction of having mother and daughter on its membership roll. Among the members recently welcomed into the association is Miss Beatrice Smith (class 1920), daughter of Mrs. Walter Cummins, the valued treasurer of the association. Mrs. Cummins has rendered invaluable service on the executive for several years, and has been one of its most active and loyal members since its organization.

The annual picnic of the Victoria Hospital A.A., under the able convenership of Miss D. Hutcheson, was held at Springland Park, June 26th. After the programme of sports was concluded a considerable sum was realized at an auction sale, with Mrs. McFarlane as auctioneer, this money being added to the fund for the Memorial Hospital for Children. Some of the members from out of town were: Miss Whiting, Cornwall; Miss McIntosh, Woodstock; Miss Summers, St. Thomas; Miss McVicar, Petersburg; Mrs. Jones, Thamesford; Miss Dulmage and Miss Baty.

* * * *

MANITOBA

St. Boniface

Rev. Sister St. John, Superior of St. Boniface Hospital, attended the Convention of Catholic Hospitals held recently in Minneapolis, Minn.

Miss Marion Oliver (class 1919) has taken the position of night superintendent at the Misericordia Hospital, Winnipeg.

The sympathy of the association is given to Miss Irene McGuire (class 1917) in the loss of her father recently.

Miss M. Hay (class 1917) is doing S.C.R. work in Regina, Sask.

The regular June meeting of the Alumnae was held in the drawing-room of the Nurses' Home, June 9th. After the routine business, a miscellaneous shower was given in honor of Miss Amy O'Neil and Miss Y. Gelley, whose marriages took place later in the month.

Miss B. Foster (1919), Miss J. Morrison (1919) and Miss Dillon (1919) have taken positions on the staff of the Misericordia Hospital, Winnipeg.

Miss Ethel Johnson (1918) has been appointed operating-room supervisor of the Royal Columbian Hospital, New Westminster, B. C.

Miss Margaret Harper (1908) has been taken on the staff of the city Child Welfare Department.

The annual meeting of the Graduate Nurses' Association of Brandon was held May 4th, at the Prince Edward Hotel. After the election of officers, and other routine business, the guest of the evening, Dr. Ada Speers, of Chengtu, China, gave an interesting address.

* * * *

BRITISH COLUMBIA

VICTORIA

Much sympathy is expressed for Dr. F. M. and Mrs. Bryant in the sad accident whereby their four-year-old son was drowned in a cistern at Port Townsend, Wash., while on a visit to his grandfather, Mr. J. Schoonover. Mrs. Bryant was a graduate of St. Joseph's Hospital, Victoria, B. C.

Miss E. A. Franklin, R.N., who has been in charge till recently of the Social Service Department of the Vancouver General Hospital, has received an appointment for work in connection with the Mothers' Pension Act.

BIRTHS

ATKINSON—At Boston, to Dr. and Mrs. Gordon Atkinson (nee Miss Edna Henderson, 1919), a daughter.

BEEK—On April 1, 1920, at Chipman Memorial Hospital, to Mr. and Mrs. Harold Beek (nee Pearl Bell), a daughter. Mrs. Beek was a graduate of the Chipman Memorial Hospital.

CAIRNS—At St. John, N. B., May 27th, 1920, to Mr. and Mrs. DeWitt Cairns, a daughter. Mrs. Cairns was Miss Irene Seamans (G. P. H., 1917).

DIXON—To Dr. and Mrs. Howard C. Dixon (nee Beatrice Armitage, Montreal General Hospital, class '13), at Medicine Hat, on May 10th, 1920, a son (John Howard).

GERSHAW—To Dr. and Mrs. F. W. Gershaw (nee Hattie Robinson, graduate of the Winnipeg General Hospital, class '07), at Medicine Hat, on April 27th, 1920, a daughter.

KETTERSON—In Montreal, to Major and Mrs. Ketterson (nee Nella Wilson, R.R.C., graduate of St. John General Public Hospital), a son.

LATIMER—On July 2nd, 1920, at Private Patients' Pavilion, Toronto General Hospital, to Mr. and Mrs. Chester W. Latimer (nee Louise D. Moore, class '17), a daughter (Dorothy Jeane).

MACPHERSON—At Medicine Hat, on June 6th, 1920, to Mr. and Mrs. J. D. MacPherson (nee Annie Murray, Medicine Hat General Hospital, class '13), a daughter (Jean Catherine).

McCURDY—On June 23, 1920, at Chipman Memorial Hospital, to Mr. and Mrs. Percy McCurdy (nee Rachel Northup), a son. Mrs. McCurdy was a graduate of the Chipman Memorial Hospital.

McINTYRE—On July 26th, 1920, at Private Pavilion, Toronto General Hospital, to Dr. and Mrs. George C. McIntyre (nee Gwendolyn Wallace, T.G.H. '19), of 469 Parliament Street, Toronto, a son.

SIMPSON—At Private Patients' Pavilion, Toronto General Hospital, on July 6th, 1920, to Major (C.A.M.C.) and Mrs. T. J. Simpson (nee Bessie Pell, '19), of Collingwood, Ont., a son.

MARRIAGES

ADLEM-McRAE—On August 4th, 1920, at the First Presbyterian Church, Victoria, B. C., by the Rev. J. G. Inkster, Capt. Harry Adlem to Vinetta Clarisse McRae (Regina General Hospital). They will reside at Heywood Avenue, Victoria, B. C.

ANDERSON-TAYLOR—At Medicine Hat, on June 9th, 1920, in St. Barnabas Church, by the Rev. E. A. Davis, Ada A. Taylor (Vancouver General Hospital, class '10) to Capt. Charles Anderson, Third Canadian Mounted Rifles. Both bride and gridegroom served overseas. They will reside in Medicine Hat.

BRIGGS-BUNBURY—On Thursday, July 8th, 1920, at St. Paul's Church, Vancouver, by the Rev. Harold King, Major J. A. Briggs, M. C., to Kathleen Mary, only daughter of Mr. and Mrs. W. Brook Bunbury, London, England, graduate of the Vancouver General Hospital, Vancouver, B. C.

BRINEGAR-MACDONALD—At San Diego, California, on Wednesday, June 28th, 1920, Miss Mary Jean Macdonald (R.V.H., 1918) to Mr. Albert E. Brinegar.

BUTCHART-TRACY—In Toronto, June 30th, Jessie Agnes (Ja) Tracy (St. B. H., 1912) to Lynn Whitton Butchart, of 158 Blythewood Toad, Toronto. Mrs. Butchart served three years overseas.

CAMERON-DICKSON—At New Glasgow, Nova Scotia, by Rev. A. F. Archibald, Miss Martha H. Dickson (Jeffery Hales Hospital, class '10) to Mr. John McK. Cameron, of East River, St. Mary's, N.S.

CAMPBELL-DAVIS—On July 28th, 1920, at St. Alban's Church, Edmonds, B. C., by the Rev. H. Underhill, Dr. Glen Campbell, of Vancouver, B. C., to Helen Kathleen Davis (Vancouver General Hospital), youngest daughter of the late R. C. Davis and Mrs. Davis, of Vancouver.

EDWARDS-BARWICK—At the home of the bride's parents, Thursday, June 24th, Miss Olive A. Barwick (19'6) to Mr. Gordon W. Edwards. They will live in Sherbrooke, P.Q.

FROST-WARNER—At Vancouver, B. C., on Saturday, July 17th, 1920, at the home of the bride's parents, Mr. and Mrs. O. Warner, by the Rev. Walter Ryder, Miss E. Pearl Warner (V. G. H.) to Mr. C. Gordon Frost.

GARLAND-COLBORNE—At Magog, P. Q., May 25th, 1920, Jennie Colborne, daughter of Mr. and Mrs. Colborne, to F. A. Garland, D. D. S., of Nashua, N. H.

MAHER-COSTLEY—At St. John, West, June 30, 1920, Blanch Costley (St. John General Public Hospital), to Arthur Maher, of Chatham, N. B.

MCKAY-MARTIN—At St. Mary's Church, Winnipeg, June 28th, 1920, by the Rev. Father Morton, Leah Marie Martin (St. B. H., class 1918) to Walter J. McKay, of Winnipeg, Man.

PAILLE-GELLEY—At Winnipeg, Man., June 28th, 1920, Yvonne Gelley (St. Boniface Hospital, class '19) to George Paille, M. D., of Melville, Sask.

PRENDERGAST-O'NEIL—At St. Boniface Cathedral, June 21st, 1920, by Rev. Father Jubinville, Amy O'Neil (St. Boniface Hospital, class '17) to James Prendergast, B.A., M.D.

SAMPSON-BRITTAIN—St. John, N. B., June 2nd, 1920, Elizabeth Brittain (graduate of the General Public Hospital, class 1915) to Mr. William Sampson, Timmins, Ont.

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"Canadian Nurse" Representative—Miss C. P. Robinson.

Regular Meeting—First Tuesday of each month, 4 p.m.

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Meetings—Fourth Wednesday, 8 p.m., of every second month, beginning in January, but omitting July.

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Sick Visiting Committee—Misses H. Carroll and F. Clarke.

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Regular Meeting—First Thursday every second month, 8 p.m.

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Regular Meeting—Second Wednesday, 8 p.m.

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Regular Monthly Meeting—First Tuesday, 8 p.m.

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